

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-027169

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 27 Primary Registration District No. 5086 Registrar's No. 130

FILED JUL 22 1963

1. PLACE OF DEATH a. COUNTY Bates		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE mo b. COUNTY Bates	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Mt Pleasant Twp.		c. CITY OR TOWN Butler	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 2 miles S Butler		d. STREET ADDRESS (If outside, give location) RFD	

3. NAME OF DECEASED (Type or print) First Middle Last STEPHAN KENT BISHOP			4. DATE OF DEATH Month Day Year July 12 1963		
5. SEX Male	6. COLOR OR RACE W	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 7/23/43	9. AGE (last birthday) 19	IF UNDER 1 YEAR Months Days Hours Min. 11 19

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) laborer	10b. KIND OF BUSINESS OR INDUSTRY Dog Trainer	11. BIRTHPLACE (City and state or country) Washington d c	12. CITIZEN OF WHAT COUNTRY USA
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13a. FATHER'S NAME Ishmael Howard Bishop	13b. MOTHER'S MAIDEN NAME Cleta Maude Allison	14. NAME OF HUSBAND OR WIFE single.
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO.	17. INFORMANT Address I H Bishop, 7195 So Penn. Littleton Colo.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Crushing injuries DUE TO (b) head & chest DUE TO (c) Immediate		INTERVAL BETWEEN ONSET AND DEATH
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PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Car - train collision.
20c. TIME OF INJURY Hour a.m. Month, Day, Year 11 7 12 63		

20d. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 1 mile south	20f. CITY, TOWN, OR LOCATION Butler	COUNTY Bates	STATE Mo
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21. I attended the deceased from _____ to _____ and last saw her alive on _____
Death occurred at **11:05 AM** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Douglas P. Howard	(Degree or title) MD	22b. ADDRESS Butler Missouri	22c. DATE SIGNED 7-15-63
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 7/15/63	23c. NAME OF CEMETERY OR CREMATORY Oakhill Cemetery	23d. LOCATION (City, town, or county) (State) Butler Missouri
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24. FUNERAL DIRECTOR Culver Underwood, Butler Mo.	25. DATE RECD. BY LOCAL REG. 7-15-63	26. REGISTRAR'S SIGNATURE Norma Jean Wilson
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(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE, AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

DATE AMENDED

BY AFFIDAVIT OF MEDICAL CERTIFICATION DOCUMENT

JUL 24 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed John H. Henderson
Licensed Embalmer No. 3585

P. O. Address Butler Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

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8-18

Permit issued 7-15-63 NVW